

Saunders Musculoskeletal Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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- 1. For a client with a herniated intervertebral lumbar disk, what symptom suggests muscle spasm in the area of the herniated disk?**
 - A. Pain radiating to the right leg**
 - B. Stabbing pain radiating to the lower back and the right buttock**
 - C. Weakness in the left leg**
 - D. Persistent numbness in the left arm**
- 2. What should be monitored closely for a client in traction regarding their neuromuscular status?**
 - A. Cognitive function**
 - B. Circulation, sensation, and movement**
 - C. Appetite and hydration**
 - D. Body temperature**
- 3. Which statement indicates that a client understands crutch safety instructions?**
 - A. "I should borrow crutches from a friend."**
 - B. "I need to remove any scatter rugs at home."**
 - C. "I can use crutches of different sizes."**
 - D. "I should only use my crutches outside."**
- 4. In a client with sudden dyspnea and tachycardia post-fracture, what arterial blood gas parameter suggests a fat embolus?**
 - A. Normal Pao₂ at 80-100 mm Hg.**
 - B. High HCO₃ levels.**
 - C. Low Paco₂ levels.**
 - D. Decreased pH level.**
- 5. Which findings should suggest impairment of neurovascular status in a client with a cast?**
 - A. Client reports mild throbbing pain**
 - B. Client exhibits good range of motion**
 - C. Client reports severe, deep, unrelenting pain**
 - D. Client states no sensation in extremities**

6. What is an important nursing intervention for a client with a fractured lower leg?

- A. Encouraging mobility as soon as possible**
- B. Regular monitoring of vital signs**
- C. Education on cast care and complications**
- D. Immediate referral to a physical therapist**

7. What action should a nurse instruct a client to avoid after a hip surgery using a posterior approach?

- A. Standing on one leg**
- B. Crossing legs at the ankle**
- C. Walking with assistance**
- D. Using a raised toilet seat**

8. What equipment should a nurse use to assist with bed mobility for a client in skeletal traction?

- A. An inflatable mattress**
- B. An overhead trapeze**
- C. A bed side rail**
- D. A mechanical lift**

9. After a right below-knee amputation, which complication is a diabetic client at highest risk for?

- A. Infection of the stump**
- B. Separation of the wound edges**
- C. Fracture of the remaining limb**
- D. Delayed healing of the incision**

10. Which of the following is NOT a proper care instruction for a plaster leg cast?

- A. Keep it dry.**
- B. Elevate it to reduce swelling.**
- C. Expose it to heat to dry faster.**
- D. Monitor for signs of infection.**

Answers

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1. B
2. B
3. B
4. A
5. C
6. C
7. B
8. B
9. B
10. C

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Explanations

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1. For a client with a herniated intervertebral lumbar disk, what symptom suggests muscle spasm in the area of the herniated disk?

- A. Pain radiating to the right leg**
- B. Stabbing pain radiating to the lower back and the right buttock**
- C. Weakness in the left leg**
- D. Persistent numbness in the left arm**

Stabbing pain radiating to the lower back and the right buttock is indicative of muscle spasm in the area of a herniated intervertebral lumbar disk. This symptom can occur due to the body's reaction to the irritation and inflammation caused by the herniated disk. Muscle spasms are often a defense mechanism in response to pain or injury, leading to tightness and discomfort in the surrounding muscles. When a lumbar disk herniates, it can impact adjacent muscles, prompting them to contract involuntarily in an attempt to stabilize the spine and protect it from further injury. The combination of stabbing pain, particularly if it specifically targets the lower back and buttock, suggests that the muscles around the affected disk are in spasm, contributing to the pain experienced by the patient. Other options suggest different symptoms associated with nerve involvement or sensory changes. Pain radiating to the right leg could indicate nerve root compression, weakness in the left leg suggests motor nerve involvement, and persistent numbness in the left arm is less likely related to a lumbar issue and may point towards a cervical problem. Understanding these distinctions is crucial in assessing the condition and tailoring the treatment appropriately.

2. What should be monitored closely for a client in traction regarding their neuromuscular status?

- A. Cognitive function**
- B. Circulation, sensation, and movement**
- C. Appetite and hydration**
- D. Body temperature**

Monitoring circulation, sensation, and movement is critical for a client in traction because these factors are directly related to the integrity and health of the nerves and blood vessels in the affected area. Traction aims to align and stabilize bone or soft tissue, which can create pressure on surrounding structures. Assessing circulation involves checking the blood flow to ensure that the extremities are receiving an adequate supply of oxygen and nutrients, as impaired circulation can lead to complications like ischemia. Sensation assessment helps to identify any nerve compression or damage; changes in sensation could indicate that traction may be affecting nerve pathways. Movement evaluation allows healthcare providers to ensure that the client is still able to move their limbs appropriately, which indicates that nerve function is intact. In contrast, monitoring cognitive function is important in general health assessments but is not specific to the observations needed for clients in traction. Tracking appetite and hydration is essential for overall well-being but does not provide insight into the neuromuscular status. Body temperature might indicate systemic infections or responses but is less relevant to the immediate concerns regarding traction and neuromuscular integrity. Therefore, focusing on circulation, sensation, and movement provides the best assessment of the client's status in the context of traction therapy.

3. Which statement indicates that a client understands crutch safety instructions?

- A. "I should borrow crutches from a friend."**
- B. "I need to remove any scatter rugs at home."**
- C. "I can use crutches of different sizes."**
- D. "I should only use my crutches outside."**

The statement that indicates a client understands crutch safety instructions is that they need to remove any scatter rugs at home. This reflects an awareness of the potential hazards in their environment. Scatter rugs can pose a tripping risk, especially when using crutches, as they can easily slip out of place or be difficult to navigate around, increasing the chance of falling. By recognizing the need to eliminate such obstacles, the client demonstrates a proactive approach to creating a safer environment while using crutches. This understanding is essential for ensuring safety during mobility and minimizing the risk of injury. Such environmental modifications signify that the client is considering their safety and adapting their home to accommodate new mobility aids.

4. In a client with sudden dyspnea and tachycardia post-fracture, what arterial blood gas parameter suggests a fat embolus?

- A. Normal Pao2 at 80-100 mm Hg.**
- B. High HCO3 levels.**
- C. Low Paco2 levels.**
- D. Decreased pH level.**

In the context of sudden dyspnea and tachycardia following a fracture, the identification of a fat embolism is crucial for appropriate management. The correct choice, indicating a normal PaO₂ level within the range of 80-100 mm Hg, points towards a specific blood gas disturbance associated with fat embolism. When fat globules enter circulation, they can cause a variety of pulmonary complications. However, it's not uncommon for patients experiencing fat embolism to exhibit a relatively normal oxygenation status (PaO₂) initially, despite significant respiratory distress. This can be attributed to the fact that fat globules primarily lead to ventilation-perfusion (V/Q) mismatch or atelectasis in the lungs rather than outright hypoxemia at first. Thus, a normal range of PaO₂ can sometimes be seen in the early stages, indicating that despite the distress, oxygenation has remained adequate. On the other hand, elevated HCO₃ levels might suggest metabolic compensation for a respiratory acidosis or may indicate chronic respiratory issues, which are not specifically aligned with fat embolism. Low Paco₂ levels typically relate to hyperventilation or metabolic alkalosis rather than the expected respiratory compromise associated with fat embolism. A decreased pH level is often

5. Which findings should suggest impairment of neurovascular status in a client with a cast?

- A. Client reports mild throbbing pain**
- B. Client exhibits good range of motion**
- C. Client reports severe, deep, unrelenting pain**
- D. Client states no sensation in extremities**

Severe, deep, unrelenting pain in a client with a cast is a significant finding that suggests impairment of neurovascular status. This type of pain often indicates that there may be increased pressure in the compartment surrounding the affected limb, potentially leading to conditions such as compartment syndrome. In a healthy situation, pain would typically be more manageable after casting, and an increase in severity or a change in character (e.g., becoming deep and unrelenting) raises red flags for compromised blood flow or nerve function. The context surrounding other findings is also pertinent. Mild throbbing pain could be part of the normal healing process, while good range of motion, especially if intentionally guided by rehabilitation, does not indicate neurovascular compromise. Additionally, the absence of sensation in the extremities could indicate nerve damage or severe compromise, but does not specify the nature of the pain which is critical in assessing neurovascular status. Thus, severe, deep, unrelenting pain is a clear indicator that warrants further investigation for potential complications.

6. What is an important nursing intervention for a client with a fractured lower leg?

- A. Encouraging mobility as soon as possible**
- B. Regular monitoring of vital signs**
- C. Education on cast care and complications**
- D. Immediate referral to a physical therapist**

In the context of a client with a fractured lower leg, education on cast care and complications is crucial for several reasons. When a client is in a cast, proper care is fundamental to ensure healing and avoid potential complications such as skin breakdown, complications related to swelling, and signs of infection. Understanding how to care for the cast helps the client maintain proper hygiene and recognize any issues that may arise, such as increased pain, numbness, or changes in color, which could indicate compartment syndrome or other complications. By educating the client about what to expect and how to manage their cast, nursing professionals empower them to take an active role in their recovery, potentially leading to earlier recognition of problems and timely intervention. This proactive approach contributes significantly to optimal healing outcomes and enhances the overall recovery experience.

7. What action should a nurse instruct a client to avoid after a hip surgery using a posterior approach?

- A. Standing on one leg**
- B. Crossing legs at the ankle**
- C. Walking with assistance**
- D. Using a raised toilet seat**

After hip surgery using a posterior approach, it's important for clients to avoid certain movements that could jeopardize the stability of the hip joint and the healing process. Crossing legs at the ankle is particularly problematic because this position can lead to hip flexion and internal rotation. These movements greatly increase the risk of dislocating the hip, which is a serious complication following this type of surgery. In contrast, standing on one leg, walking with assistance, and using a raised toilet seat can generally be part of a safe rehabilitation process when managed appropriately under the guidance of healthcare professionals. The key is to prevent any positions or movements that could compromise the surgical site, which is why crossing legs at the ankle is explicitly discouraged. This practice helps ensure proper alignment of the hip joint and aids in a smoother recovery post-surgery.

8. What equipment should a nurse use to assist with bed mobility for a client in skeletal traction?

- A. An inflatable mattress**
- B. An overhead trapeze**
- C. A bed side rail**
- D. A mechanical lift**

Using an overhead trapeze is the most effective equipment to assist with bed mobility for a client in skeletal traction. The trapeze allows the client to use their upper body strength to lift or move themselves in bed. This is crucial for maintaining mobility while ensuring that the traction is not disrupted. The design of the trapeze permits patients to reposition themselves safely without compromising the alignment and stability provided by skeletal traction, which typically involves significant weight applied to the extremities. In contrast, while other equipment like inflatable mattresses, bedside rails, and mechanical lifts can aid in patient comfort and support, they do not provide the same level of independence or facilitate movement in a way that accommodates the specific needs of a patient who is in skeletal traction. Inflatable mattresses focus more on pressure relief than mobility, bedside rails can assist in transfers but do not facilitate active movement, and mechanical lifts are generally used for moving patients from one surface to another, rather than assisting them with repositioning within their bed.

9. After a right below-knee amputation, which complication is a diabetic client at highest risk for?

- A. Infection of the stump**
- B. Separation of the wound edges**
- C. Fracture of the remaining limb**
- D. Delayed healing of the incision**

The highest risk complication for a diabetic client after a right below-knee amputation is infection of the stump. Diabetes can impair the body's immune response and slow healing due to reduced blood flow and nerve function. This means that infections can develop more easily in the surgical area, as the body's ability to fight off pathogens is compromised. Furthermore, the risk of developing infections is exacerbated by the presence of diabetes, as the elevated blood glucose levels can promote bacterial growth. Infections can lead to serious implications, including delayed healing or even further complications that may necessitate additional surgeries. While separation of the wound edges, fracture of the remaining limb, and delayed healing of the incision are concerns related to postoperative complications, the immediate and significant risk of infection stands out, especially given the context of the client's pre-existing diabetic condition.

10. Which of the following is NOT a proper care instruction for a plaster leg cast?

- A. Keep it dry.**
- B. Elevate it to reduce swelling.**
- C. Expose it to heat to dry faster.**
- D. Monitor for signs of infection.**

Exposing a plaster leg cast to heat to dry faster is not a proper care instruction because it can compromise the integrity of the cast and potentially lead to burns on the skin underneath. Plaster casts are designed to harden and set through a chemical reaction that occurs with moisture rather than heat. Applying heat can cause the plaster to dry unevenly or too quickly, increasing the risk of cracking and reducing the support necessary for proper healing. Keeping the cast dry, elevating it to reduce swelling, and monitoring for signs of infection are essential care instructions. Keeping the cast dry prevents moisture from weakening the plaster. Elevating the limb helps control swelling by reducing blood flow to the area. Monitoring for signs of infection, such as increased redness, warmth, or discharge, is crucial for identifying complications early and ensuring proper healing.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://saundersmusculoskeletal.examzify.com>

We wish you the very best on your exam journey. You've got this!

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